DISTRICT OF COLUMBIA COURT OF APPEALS APPLICATION FOR ENGRAVED WALL CERTIFICATE

This application must be <u>TYPEWRITTEN</u>. Include a <u>\$40 cashier's check, certified check or money order</u> payable to "Clerk, DC Court of Appeals." *This application may be submitted at any time <u>after</u> you receive your Bar membership number.*

FIELDS IN RED ARE REQUIRED					
First	Middle		Last		Suffix
					(i.e., Jr., Sr., II)
NOTE The Confliction			1 - 41 +	L. DCD	TT
NOTE: The Certificate ca	,			ne DC Ba	r. nowever,
Date of Admission:		/		/	
pace of Framisoron.	Month	,	Day		Year
D.C. BAR NUMBER:					
Mail Certificate to:					
Full Name					
Firm Name					
(if applicable)					
Address		Floor	Suite		_Apt
City		State		_Zip	
Phone (s): Home/Cell		O.	ffice		
				_	
Signature of Attorney		Date			
NOTE: Each wall certificate approximately four months. Carefully open the mailing t address, immediately notify coa@dcappeals.gov . This Odue to a change of address.	It will be sent via first-cube to avoid damaging the the Engraved Certificate fice will not be responsible.	lass mail in an ne certificate. Office in writ ole for a wall c	18-inch-long If you have a ing by letter ertificate not	g cylindr change or email	ical tube. in your mailing to
Mail Form & Fee to:	ENGRAVED CERT	IFICATE OFF	ICE		

D.C. Court of Appeals/Committee on Admissions

430 E Street, NW – Room 123

Washington, DC 20001